

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000047351

Entity Name: SUNSHINE ANESTHESIA GROUP, LLC

Current Principal Place of Business:

10900 SE 174TH PLACE ROAD
SUMMERFIELD, FL 34491

Current Mailing Address:

10900 SE 174TH PLACE ROAD
SUMMERFIELD, FL 34491

FEI Number: 46-2440123

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GABRIEL, NEHME
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NEHME GABRIEL

04/14/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GABRIEL, NEHME
Address 10900 SE 174TH PLACE ROAD
City-State-Zip: SUMMERFIELD FL 34491

Title MGRM
Name BASKAR, SOUNDARAPANDIAN
Address 10900 SE 174TH PLACE ROAD
City-State-Zip: SUMMERFIELD FL 34491

Title MGRM
Name PADMAN, MUNI
Address 10900 SE 174TH PLACE ROAD
City-State-Zip: SUMMERFIELD FL 34491

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEHME GABRIEL

MGR

04/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date